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Agency Name
WINSTON-SALEM POLICE

INCIDENT/INVESTIGATION REPORT

OCA
2507567

ORI
NC NC 0340200

Date / Time Reported
 Month Day Yr Time
 03 | 06 | 2025 | 13:24 Hrs.

#1	Crime Incident(s) Aggravated Assault	<input type="checkbox"/> Att	<input checked="" type="checkbox"/> Com	At Found Month Day Yr Time 03 06 2025 13:24 Hrs.	Last Known Secure Month Day Yr Time 03 06 2025 13:23 Hrs.
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#2	Crime Incident	<input type="checkbox"/> Att	<input type="checkbox"/> Com	Location of Incident 1110 Cedarview Pl, Winston-salem NC 27105	Offense Tract 122
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#3	Crime Incident	<input type="checkbox"/> Att	<input type="checkbox"/> Com	Premise Type	Victim Residence Type <input type="checkbox"/> Single Family <input type="checkbox"/> Multi Family
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MO How Attacked or Committed
DATA OMITTED

Forcible
 Yes N/A
 No

Weapon / Tools

V I C T I M # of Victims: **1**

Type: Person Business
 Society Government Financial Institute
 Religious L.E. Officer Line of Duty Other/Unknown

Injury: None Minor Loss of Teeth
 Broken Bones Severe Lacerations
 Internal Unconscious Other Major

Drug/Alcohol Use:
 Yes Unknown
 No N/A

V I C T I M #1 Victim/Business Name (Last, First, Middle):
DATA OMITTED

Victim of Crime #: **1,** DOB / Age: **52** Race: **W** Sex: **F** Relationship To Offender: **IAQ**

Resident Status:
 Resident
 Non-Resident
 Unknown

Home Address: DATA OMITTED Home Phone:

Employer Name/Address: DATA OMITTED Business Phone:

VYR	Make	Model	Style	Color	Lic/Lis	Vin
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DATA OMITTED

Status Codes L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found
 (Check "OJ" column if recovered for other jurisdiction)

Victim #	DCI	Status	Value	OJ	QTY	Property Description	Make/Model	Serial Number
								DATA OMITTED
								FOR
								INFORMATION
								SECURITY
								PURPOSES
								ONLY THE FIRST
								TWELVE PROPERTY
								ITEMS ARE
								DISPLAYED ON
								P2C REPORTS

Number of Vehicles Stolen: **0** Number Vehicles Recovered: **0**

ID Officer: **BOISSEY, S. G. (15475)** ID#: _____ Officer Signature: _____ Supervisor Signature: **CLARK, D. C. (15090)**

Complainant Signature: _____

Status Case Status: Further Investigation Inactive Closed/Cleared Closed/Leads Exhausted

Case Disposition: Unfounded Located Extradition Declined
 Cleared by Arrest Refuse to Cooperate
 Cleared by Arrest by Another Agency
 Death of Offender Prosecution Declined